

AGENT/BROKER OF RECORD CHANGE

DATE (MM/DD/YYYY)

NEW AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	INSURANCE COMPANY NAME:		
E-MAIL ADDRESS:		CURRENT AGENCY	CURRENT PRODUCER	
CODE:	SUBCODE:			
AGENCY CUSTOMER ID:				

NAMED INSURED (AS IT APPEARS ON POLICY)	POLICY NUMBER(S)	EFFECTIVE DATE	EXPIRATION DATE	LINE OF BUSINESS

Please be advised that we wish to name _____ **PRODUCER**

_____ **as our exclusive representative effective** _____ **DATE**

CODE #

for the lines of business shown above, currently in force or submitted by application.

This authorization replaces any other authorization that may have been previously completed for any other insurance representative for the stated lines of business.

_____ _____

INSURED'S SIGNATURE DATE

TITLE (IF APPLICABLE)

COMPANY NAME (IF APPLICABLE)

STREET ADDRESS OF INSURED

_____ _____ _____

CITY OF INSURED STATE OF INSURED ZIP CODE OF INSURED